

L17000100193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

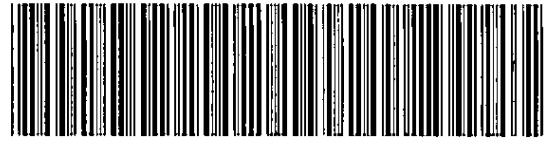
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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DIVISION OF CORPORATIONS
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R. HUNT
09/12/23

STATE OF MARYLAND
DIVISION OF CORPORATIONS

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

NORTH MIAMI BEACH ACADEMY LLC

Please Debit FCA000000003 For: 60

Thank you Seth Neeley



Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

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SECRET
STATE OF FLORIDA
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____
North Miami Beach Academy LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Del Mastro

Name of Person
Ed Co Holdings, LLC

Firm/Company
1375 E Lancewood Place

Address
Delray Beach Florida 33445

City/State and Zip Code
scott.delmastro@gmail.com

E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS
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For further information concerning this matter, please call:

Scott Del Mastro	561	441-1445
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed) |
|---------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

North Miami Beach Academy LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/05/2022 and assigned Florida document number L17000100193.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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DIVISION OF CORPORATIONS
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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Zuraw Geib PLLC

New Registered Office Address:

209 SE 5th Ave

Enter Florida street address

Delray Beach

City

, Florida

33483

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Edward Zuraw

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SBR Academy Holdings LLC	1201 Broadway, Ste 701	<input type="checkbox"/> Add
		New York, NY 10001	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gregory Breunich	3351 SE River Vista Drive	<input type="checkbox"/> Add
		Port Saint Lucie Fl 34952	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Scott Del Mastro	1375 E Lancewood Place	<input checked="" type="checkbox"/> Add
		Delray Beach Florida 33445	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Keith Lee	1201 Broadway, Ste 701	<input type="checkbox"/> Add
		New York, NY 10001	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alvaro Bedoya	4500 SE Pine Valley Street	<input type="checkbox"/> Add
		Port Saint Lucie, Fl 34952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

2003 SEP 2 PM 12:40
 STATE TARIFF OF STATE
 DIVISION OF CORPORATION

MGR

Gabriel Jaramillo

4500 SE Pine Valley Street

Add

Port Saint Lucie Florida 34952

Remove

Change

MGR

ED BIZ HOLDINGS, LLC

1375 E Lancewood Place

Add

Del Ray Beach Florida 33445

Remove

Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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CLERK OF STATE
DIVISION OF CORPORATIONS

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated: 09/07/2023 .

Signature of a member or authorized representative of a member

Scott Del Mastro

Typed or printed name of signee